


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 004 ****61.25

DOCUMENT # N94000000424

1. Entity Name
CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1342 46TH LANE SE
CAPE CORAL, FL 33910 US

Mailing Address
BOX 100831
CAPE CORAL, FL 33910

2. Principal Place of Business
4% PEGASUS PROPERTY MGMT # 100
17595 SOUTH TAMiami TRAIL
City & State
FORT MYERS FL

3. Mailing Address
4% PEGASUS PROPERTY MGMT # 100
17595 SOUTH TAMiami TRAIL
City & State
FORT MYERS FL



03022005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0469763

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
CAMPBELL, PHILIP
1342 46TH LANE SE
CAPE CORAL, FL 33910

7. Name and Address of New Registered Agent
Name PEGASUS PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)
17595 SOUTH TAMiami TRAIL # 100
City FORT MYERS FL Zip Code 33908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE THOMAS E. ELLIOTT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEYER, DON 25276 PELICAN CREEK CIR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, WILLIAM 25208 PELICAN CREEK CIR #103 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZURIS, PETER 252203 PELICAN CREEK CIR, #101 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAVELLE, RICHARD C 25276 PELICAN CREEK CIR 202 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TED 25240 PELICAN CREEK CIR 103 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernice Cheek Director 25203 Pelican Creek Circle 201 Bonita Springs, FL 34134 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Bernice Cheek Bernice Cheek 4-24-05 239.949.6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #